

Department of Employee Trust Funds
Income Continuation Insurance Administration Manual-State

Chapter 8—Claim Process

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800 Filing an ICI Claim

The employer instructs the disabled employee to initiate a claim by calling the third party administrator (refer to subchapter 104 for contact information) or submitting a paper claim. **Filing claims by telephone is recommended as it reduces paperwork and eliminates delays associated with mailing claim forms to ETF.**

A. Filing Claims by Phone:

- The third party administrator's customer service representative collects basic information from the claimant including name, Social Security number, date of birth and current mailing address.
- The claimant provides related information to the third party administrator such as the nature of the disability, last day worked, contact information for their attending and/or treating physician and any additional work-related information.

B. Filing Paper Claims:

- The employer provides the claimant the [Income Continuation Insurance Claim Form \(ET-5352\)](#).
- The claimant submits the paper claim to ETF.

A claim can be filed up to thirty (30) days prior to the employee's last day at work in cases of scheduled surgery or impending childbirth. No benefits are payable more than 90 days retroactively from the date the claim is received by the third party administrator, or ETF if a paper claim is filed. Claims received more than 12 months from the last day in pay status will be denied.

Upon receipt of the claim, the third party administrator mails the claimant the following:

- Introductory letter explains how the program works and what to expect while the claim is pending.
- Medical release forms that the claimant must sign and immediately return one to the third party administrator and to the claimant's attending and/or treating physician.

Note: The attending and/or treating physician, clinic and medical records departments will not release confidential medical information to the claim administrator without the claimant's consent. Until that release is given, the claim cannot be processed. The claimant is responsible for any costs associated with obtaining medical records and exams.

801 Employer Information Required by the Third Party Administrator

Once a claim has been filed, the ICI Program's third party administrator sends an [Income Continuation Insurance \(ICI\) Employer Statement \(ET-5351\)](#) to the employer. The employer must complete the information requested on the form.

After completion of the *ICI Employer Statement*, please make a copy for your records. The completed form and a copy of the employee's current position description should be returned to ETF, P.O. Box 7931, Madison WI 53707-7931 or fax to 608-267-4549.

Note: Continue collecting ICI premiums until notified of the claim determination.

802 Third Party Administrator Claim Review

The third party administrator reviews ICI disability claims in the following manner:

- A registered nurse, hired by the third party administrator, calls the attending and/or treating physician to obtain clinical information concerning the claimant's disability.
- The nurse may call the physician to arrange a return to work plan for the claimant. The plan may include modified hours or restricted duties. The third party administrator contacts the employer to determine whether job modifications can be made. The claimant receives written correspondence from the third party administrator regarding any determinations.
- The third party administrator contacts the physician for ongoing review of the disability claim to obtain updates on symptoms, diagnosis, treatment and the return to work plan.

803 Approval, Denial or Termination Notice

The third party administrator notifies the employer of the claim's approval or denial and whether ICI premiums will be waived or not.

The third party administrator will also notify the employer when the claim is terminated. The termination notice also provides the date that ICI premiums should resume.

The claimant has the right to request, in writing, reconsideration of the third party administrator's approval, denial, termination or other benefit determination. The third party administrator must receive the written request and any additional information no later than ninety (90) days after the date of the initial benefit determination letter.

The request for reconsideration must indicate the issues with which the claimant disagrees and provide any additional information he or she would like considered as part of the review. The third party administrator is required to respond to the employee's request for reconsideration within ninety (90) days of the claimant's request for reconsideration or the receipt of the additional information, whichever is later.

Following receipt of the claim administrator's reconsideration decision, the employee has the right to submit a written request to ETF for a Departmental Determination of the decision. The written request must be received by ETF no later than ninety (90) days from the date of the third party administrator's reconsideration decision letter. The

employee can provide any additional information he or she would like included in ETF's review. Any additional medical information not previously provided to the third party administrator will be forwarded to the third party administrator's medical staff for review.

In the event the employee remains dissatisfied following ETF's determination, he or she has the right to submit a written request for an appeal of ETF's determination before the Group Insurance Board (GIB). The request for appeal to the GIB must be received by ETF's Appeals Coordinator no later than ninety (90) days of the date of ETF's Departmental Determination letter.

804 Waiver of Premium

ICI premiums are waived effective the first of the month on or after the date ICI benefits begin or upon termination of employment, whichever occurs first.

The premium waiver remains in effect through the end of the month in which the employee's leave of absence ends. A leave of absence ends when the employee has resumed active performance of duty for 30 consecutive calendar days for at least 50% of what is considered that employee's normal work time.

Do not assume premiums are waived until notified by the third party administrator of the ICI claim approval.